



State of Michigan
Department of Licensing and Regulatory Affairs
UNEMPLOYMENT INSURANCE AGENCY

Tax Office
P.O. Box 8068 - Royal Oak, Michigan 48068-8068
PHONE: (313) 456-2180 FAX: (313) 456-2131
www.michigan.gov/uia



PROTEST OF A (RE)DETERMINATION (STATUS)

Employer: _____ UIA Employer Account Number:

--	--	--	--	--

Street Address: _____

City, State, Zip Code: _____

☐ I wish to protest the Determination Mailed on: _____

☐ I wish to appeal the Redetermination mailed on: _____

Please select the issue PROTESTED/APPEALED below:

- | | | |
|--|---|---|
| <input type="checkbox"/> Date of Liability
<input type="checkbox"/> Successorship
<input type="checkbox"/> Seasonal Status
<input type="checkbox"/> Liability Status
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Incorrect FEIN
<input type="checkbox"/> Wages
<input type="checkbox"/> Termination of Account
<input type="checkbox"/> Employer Leasing Company | <input type="checkbox"/> Localization
<input type="checkbox"/> Services
<input type="checkbox"/> Captive Provider |
|--|---|---|

Please provide the reason(s) for the Protest or Appeal. Attach any additional pages and supporting documents. See reverse side for detailed instructions. Retain a copy for your records.

YOUR CERTIFICATION: I declare that I have examined this report, and to the best of my knowledge and belief, it is true, correct and complete.

Signature: _____ Date: _____

Print Name: _____ Telephone: (

--	--	--

)

--	--	--	--	--

Title: _____



- **IN YOUR PROTEST OR APPEAL, INDICATE THE REASON(S) WHY YOU DO NOT AGREE WITH THE (RE)DETERMINATION. PROVIDE ANY NEW OR ADDITIONAL FACTS TO SUPPORT YOUR PROTEST OR APPEAL.**
- **ATTACH COPIES OF ANY DOCUMENTS, CORRESPONDENCE, OR OTHER TYPES OF INFORMATION, WHICH MAY CLARIFY THE ISSUE YOU ARE PROTESTING OR APPEALING. THESE DOCUMENTS WILL NOT BE RETURNED TO YOU.**
- **YOUR PROTEST OR APPEAL MUST BE IN WRITING. THIS AGENCY MUST RECEIVE YOUR PROTEST OR APPEAL WITHIN 30 DAYS AFTER THE MAILING DATE OF THE DETERMINATION OR REDETERMINATION. IF YOUR PROTEST OR APPEAL IS RECEIVED AFTER 30 DAYS IT MAY AFFECT THE DECISION YOU RECEIVE.**
- **ALL PROTEST OR APPEALS SHOULD BE MAILED OR FAXED TO:**

**UNEMPLOYMENT INSURANCE AGENCY
P.O. BOX 8068
ROYAL OAK, MICHIGAN 48068-8068**

FAX#: (313) 456-2131
- **IF YOU HAVE ANY DIFFICULTY COMPLETING THIS FORM, PLEASE CONTACT THE LIABILITY EXAMINER THAT ISSUED THE (RE)DETERMINATION FOR ASSISTANCE.**
- **THIS FORM WILL BE USED TO PROTEST A DETERMINATION OR TO APPEAL A REDETERMINATION TO AN ADMINISTRATIVE LAW JUDGE.**
- **WHENEVER YOU CALL FOR TAX INFORMATION OR HELP WITH AN UNEMPLOYMENT INSURANCE TAX PROBLEM, THE SAME GROUP OF TAX OFFICE EMPLOYEES, FAMILIAR WITH YOUR ACCOUNT, WILL ASSIST YOU WITH THE FULL RANGE OF TAX OFFICE SERVICES. PLEASE REFER TO THE EMPLOYER SERVICE AREAS CONTACT NUMBERS LISTED BELOW.**

<u>EMPLOYER SERVICE AREA</u>	<u>TELEPHONE NUMBER</u>
TAX STATUS	313-456-2080
TAX MAINTENANCE	313-456-2010
COLLECTIONS	313-456-2090